

He will be succeeded as president of the Utility District by Grant D. Miller.

Formerly an eye, ear, nose, and throat specialist, Doctor Pardee was governor of the state from 1903 to 1906. He won commendation when he took personal charge of relief measures following the San Francisco fire of 1906.

He began his official career as mayor of Oakland in 1893, and served as regent of the University of California in 1898. Ill health was given as the reason for his resignation.—San Francisco *Call-Bulletin*, May 15, 1941.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

American Medical Association President Scores Critics' Attacks

Cleveland, June 2 (AP).—The American Medical Association today was exhorted to defend its policies against "destructive criticism by authors whose mental processes seem to have been influenced by Moscow or Berlin."

Retiring President Nathan B. Van Etten of New York accused certain "special interest groups" of attacking the American Medical Association as "a selfish, reactionary, antisocial, restraining influence, opposing activities of those desiring to practice group medicine."

"The old idle talk about a small group of persons dictating the policy of the American Medical Association still goes on," he declared before the American Medical Association House of Delegates at the opening of the association's ninety-second annual meeting.

Defends Executives

He reported three American Medical Association executives have been called a "triumvirate of dictators," and identified the three as Dr. Olin West, treasurer; Dr. Morris Fishbein, editor, and Dr. Will C. Braun, business manager, of the American Medical Association journal.

"I have never heard or seen any of them attempt to originate any policy," he commented.

A survey showing 95 per cent of the nation's physicians willing to support military service was cited as evidence of the association's integrity.

Boosts Free Choice Policy

The association's controversial policy of "free choice of physician" was reported to have stood the test of seven turbulent years.

"Some self-esteemed persons," Doctor Van Etten said, "have admitted freedom to choose a doctor is quite right for themselves as they carried their arthritis to Philadelphia or Boston, their surgery to outstanding operators and their eyes to the best ophthalmologists."

"Their denial of the value of free choice applies only to other less fortunate people. Mass medicine is wonderful for everybody except themselves. They would prescribe but cannot swallow their own medicine."

The House of Delegates was called upon to fight for the establishment of a national health department to be headed by an officer of cabinet rank.—Sacramento *Bee*.

Action Is Proposed to Fill Medical Needs

Chicago, June 2 (AP).—The executive council of the Association of American Medical Colleges announced today it is submitting to member institutions three recommendations on procedure aimed at helping the medical needs of the national emergency.

In each instance the council advised that the steps be taken "without lowering standards of medical education." The recommendations were:

1. Increase the enrollment of the 1941 entering class by 10 per cent.
2. Continue the required medical training of the fourth year during the summer of 1941 in order to graduate at an earlier date as many students as possible.
3. Study the need for and possibility of revising the schedule of instruction in medical colleges with a view to accelerating the output of graduates during the national emergency.

Dr. Russell H. Oppenheimer, dean of the school of medicine of Emory University of Atlanta, Ga., is chairman of the council.—Sacramento *Bee*.

Medical Groups Must Pay Fines in Antitrust Case* Sentences Are Imposed for Restraint Against Health Society

Washington, May 29 (AP).—Justice James M. Proctor of the district court today fined the American Medical Association \$2,500 and the District of Columbia Medical Society \$1,500 for violation of the Sherman Anti-Trust Act.

* American Medical Association House of Delegates in Cleveland, June 4, 1941, voted to appeal the case.

The American Medical Association and the district society were found guilty of conspiracy to violate the act on April 4. At the same time eighteen physicians, including five officials of the American Medical Association, were exonerated.

In Health Group Case

In the trial attorneys of the justice department argued the two groups and the physicians conspired to obstruct the activities of Group Health Association, a federation of government employees organized to provide coöperative medical care.

They charged the association and its affiliated societies "concertedly restrained twelve Washington hospitals" by refusing the Group Health doctors the privilege of practicing in the hospitals and brought pressure to bear to prevent other physicians from consulting with the Group Health physicians.

Denied Obstruction

Officials of the two associations denied they had in any way obstructed Group Health activities and said their only interest was to assure that adequate medical care be provided under that or any other medical insurance plan.

The case hinged on whether the practice of medicine is a "trade" as defined in the Sherman Anti-Trust Act or a "learned profession" not subject to the same control as are business organizations. Justice Proctor in his original decision in the case declared it is not a trade, but he was reversed and a new trial ordered.—Sacramento *Bee*.

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Everyone Is Vitrally Concerned

On Friday, April 4, a Federal Grand Jury in Washington, D. C., found the American Medical Association guilty of "a criminal conspiracy to restrain trade." The decision has been appealed, and it is estimated that at least two years will pass before the final word is said by the Supreme Court. In the meantime, every citizen is vitally concerned with the issues at stake.

The principal issue is simply this: The right of physicians to control and influence the qualifications of hospital staffs, and to determine education and ethical standards for the rendering of medical care. That is a matter which has to do with the health and physical well-being of us all. Here in the United States, the quality of medical care has reached a level unequalled anywhere else in the world. Here in the United States, the average doctor is far better qualified to treat the sick than his counterpart in any other country. Here in the United States, astounding progress has been made by the medical fraternity in fighting the great scourges of mankind.

That has been the product of the American medical system. It is a system whereby the medical fraternity itself has had the basic right to control the training of internes, to establish standards of qualifications, and to see to it that the men who staff hospitals are able to properly care for the patients that come to them.

Those rights have been considered essential to the safeguarding of the public.

Is the medical profession to be forced to discard systems of ethics, codes of conduct, and standards of qualifications which have grown through the years in response to public need? That is the grave question which this case raises.—Editorial in the *Napa Register*, May 27, 1941.

* * *

Board Dismisses Four Kern County Hospital Officials

Investigation of Kern General Hospital by unbiased outside authorities in the field of public medicine was ordered by the Board of Supervisors today at a tumultuous morning session which also brought the dismissal of four officials of the hospital. . . .

Supervisor A. W. Noon of Taft moved for the dismissal of the quartet after he had risen to a point of personal privilege to explain that he was in accord with Dr. Joe Smith, chief health officer, in so far as Doctor Smith operated the hospital "in the interest of the public" and in so far as Doctor Smith "abided by the recommendations of the supervisors."

Supervisor Ralph Lavin made the motion for the hospital study. . . .—Bakersfield *Californian*, June 2, 1941.

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Doctors Raise New Issue

American Medical Association Group Wants Women Physicians Kept Out of Military Service

Cleveland, June 3 (AP).—The American Medical Association's House of Delegates, ruling body of American medicine, today recommended that women physicians be barred from active or reserve service in the Army and Naval Medical Corps.

The House declared that admission of women physicians to service would require a change in existing law and would require reconsideration of the program of construction of military hospitals and medical corps housing.

"This would hamper and immediately throw into confusion existing procedures under which the medical aspects of the defense program are developing," the delegates asserted.

The Board of Trustees authorized the Association to proceed with an appeal from the decision of the Federal District Court of Washington, which held the organization guilty of violating the Sherman Antitrust Law. The Association was sentenced last Thursday to pay a fine of \$2,500. . . .—Los Angeles Times.

* * *

"Bacteria Slayer" Found to Be Greatest Aid in Cholera Cases

Berkeley, May 30.—A quarter century's work with bacteriophage, tiny "bacteria slayer," has resulted in establishing its importance in treatment of two maladies—dysentery and cholera.

Dr. Albert P. Kreuger, professor of bacteriology, University of California, and Dr. E. Jane Scribner, research assistant, publishing findings of their work in the *Journal of the American Medical Association*, reveal that this germ-killing virus has shown little promise for other maladies.

Encouraging results in large-scale research in use of bacteriophage in treatment of cholera have been reported from oriental countries, particularly India, the university scientists state. Doctor Kreuger, whose work with bacteriophage in the past fourteen years has won him international recognition, has presented his critical evaluation as an aid to the medical profession.

Work with bacteriophage was initiated twenty-five years ago, resulting in many attempts to treat a wide variety of diseases. At first, it was generally believed that invading bacteria were dissolved in the patient's tissues by action of phage. In his survey, Doctor Kreuger reveals that this mechanism does not function except in a very restricted field.—Oakland Tribune.

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Shasta Body Endorses Doctor for County Post

Redding (Shasta County), June 4.—Dr. Clarence H. Schilt has been endorsed by the Shasta County Medical Society for the post of full-time county physician and health officer.

The Board of Supervisors asked the Society for a recommendation after deciding to replace Dr. Thomas D. Wyatt, present part-time physician and health officer, with a full-time man.

The post will pay \$250 per month, plus living expenses at the hospital.

The Society informed the Board it will assist a full-time physician with a cooperative staff.—Sacramento Bee.

* * *

Pseudo "Analysts" Rapped by Warren; Subject to License

A war against pseudopschoanalysts in California came today from Attorney-General Earl Warren.

He ruled that persons practicing psychoanalysis, psychiatry, or otherwise "diagnosing and treating patients for nervous and mental disorders," must be licensed by the State in the "healing arts."

If they are not so licensed, he declared, they will be violating the State Business and Professions Code.

The ruling was made at the request of C. B. Pinkham, Secretary of the State Board of Medical Examiners. He explained that he had asked it because of an "epidemic of pseudopschoanalysts in the State."

"Some of them read a couple of books and then start 'practicing,'" Pinkham said. "Now that we have the legal ruling we can put a stop to it."—Oakland Tribune, May 23, 1941.

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WPA Plans for Health Services in California Counties

San Francisco, May 22 (AP).—An \$85,000 Works Project Administration program which will mean greater public health services in the Redwood Empire and make possible the release of institutional workers for national defense, will be started soon. Northern California WPA Administrator William R. Lawson announced the project, involving Napa, Sonoma, Marin, Mendocino, Humboldt, and Del Norte counties, has received presidential approval.

It calls for nonmedical care of sick patients, immunization programs, kitchen and diet therapy, training of subsidiary health workers, preparation of surgical dressings, laboratory and clerical assistance, institutional sewing and cleaning and renovating.

"These services," Lawson explained, "are to be supplemental to, and not in lieu of, work which ordinarily is performed by the regular employees of the agencies."

Agencies in which the project will operate include public hospitals, clinics, out-patient departments, health departments, and camps.—Sacramento Bee, May 22, 1941.

Tax Group Seeks Resurrection of Plan on Health

Meeting With Napa County Doctors to Be Sought;
Col. Davis Speaks

St. Helena, May 13.—Seeking to revive the proposal for the establishment of a coordinated health department for Napa County, directors of the Napa County Tax League agreed to arrange a meeting with the Napa County Medical Association when they met in dinner session here last night.

Lowell Edington, secretary of the Tax League, was instructed to arrange the meeting. A county health committee made recommendations to the Napa County Board of Supervisors on the plan nearly two years ago but no action was taken by the county governing body. . . .—Napa Register, May 13, 1941.

* * *

American Medical Association Plea Denied

Washington, May 19 (UP).—Federal District Justice James M. Proctor today denied motions for a new trial by the American Medical Association and the District of Columbia Medical Society, which were convicted in March of conspiracy to violate the anti-trust laws.—San Francisco News, May 19, 1941.

* * *

State Medicine

Drive Starts Today for Signatures

Good health should be as free as California's highways. So assert proponents of a new initiative bill which would immediately bring State medicine to California, put all doctors and dentists on the State pay roll, and furnish medical, hospital, and dental care to every citizen at State expense.

Signatures for this new proposal will be sought throughout Northern California today.

Circulation title and summary for the measure were dispatched to Avery C. Moore of 835 Fifty-first Street, Oakland, proponent of the measure, by Attorney General Earl Warren yesterday.

The proposal calls for creation of a State Department of Medical Care to administer the State-financed plan.

Facilities of all hospitals in the State would be made available to the State to the extent necessary, the State to pay the particular hospital for each "State" patient. Additional hospitals, nursing and maternity homes would be established by the State.

Other provisions:

Mobile "trailer" medical service would be provided for remote areas.

The State would provide financial aid for dependents of patients.

Physicians, dentists and others would have the right to elect whether to become "regular" practitioners by devoting full time to State work or "associate" practitioners by retaining private practice.

Medical and dental students would be educated at State expense.

The proposal contains no provision as to methods of financing.—San Francisco Chronicle, May 23, 1941.

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Two-Thirds of Mothers' Lives Could Be Saved, State Health Board Warns

The State Department of Health warned today that the lives of two-thirds of the women who die in pregnancy and childbirth could be saved by the extension of public health services, by adequate medical, hospital and nursing care, and if the women would follow medical advice.

It made public records of 313 maternal deaths in California this year of which 90 per cent were in hospitals.

Infection was the leading cause, accounting for 97 deaths. Hemorrhages took another 57, toxic condition another 46, heart disease, pneumonia, diabetes, etc., 28. Half the deaths from infection followed abortions, both spontaneous and induced.

"Only 55 per cent of the women who died during pregnancy and childbirth had prenatal care," Dr. Bertram P. Brown, state health director said, "while there is evidence that not all of those who did go to a clinic or a physician had adequately prenatal care."—San Francisco News, May 14, 1941.

* * *

Health Plan Makes Peace

Deal Made With Medical Society

Its factional deadlock finally broken as a result of last week's election of directors, San Francisco's Health Service System for municipal employees last night ironed out its tangled affairs and made peace with the County Medical Society.

The new board of directors formally approved the schedule of fees proposed by the society to equalize medical and surgical fees and as a result the society tore up the mass

resignations of its doctors who are handling the health system's work.

Another important step, which has been delayed by the board's protracted deadlock, was acceptance of the resignation of Dr. Walter B. Coffey, medical director of the system, effective June 30, and appointment of Dr. Anthony Diepenbrock as assistant director at \$300 a month.

(Doctor Coffey recommended this step and Doctor Diepenbrock is expected to go in as director after June 30. His appointment is retroactive to May 1, when he took over the duties of assistant director. Doctor Coffey will go on sick leave today, without pay, because of inability to perform his duties. He was injured in a fall recently.)

In accepting Doctor Coffey's resignation, the board, through its former president, Cameron King, eulogized his services since the inception of the system three years ago. King said Doctor Coffey intends to use a portion of his personal fortune to establish a health foundation for municipal employees. . . . In the closing minutes of last night's session the board adopted a resolution to pay the various hospitals used by the system on an item by item basis for the next two weeks until a new arrangement can be worked out. The hospitals have complained that the flat daily rate paid by the system has been inadequate to cover the costs involved.—San Francisco Examiner, May 16, 1941.

Medics Answer Call

Chicago, May 2 (UP).—The American Medical Association announced tonight that more than 500 applications had been received from physicians in response to Britain's plea for 1,000 medical officers to aid the British Red Cross.—Napa Journal, May 3, 1941.

Doctors Hail Health Group's New Schedule

Head of County Medical Society Declares Fees Just Adopted Should Bring Coöperation

Adoption of a new fee schedule for the Municipal Employees Health Service System was hailed yesterday by Dr. Harold A. Fletcher, president of the San Francisco County Medical Society, spokesman for the 1,040 doctors who serve the System.

Said Doctor Fletcher:

"Adoption of the fee schedule by the Health Service Board presages, we hope, a new era of coöperation with the medical profession.

Anxious for Success

"We doctors are anxious to have the municipal employees' Health Service System succeed. It will succeed if the municipal employees take enough interest in the system to see that their representatives, the members of the Health Service Board, deal fairly with the doctors.

"After all it is the doctors who assume the entire financial risk of the system. This coöperation makes the system possible.

Act on Resignations

"The Board of Directors of the County Medical Society will meet soon to consider disposition of the mass resignation from the system handed in by the doctors to enforce adoption of the fee schedule. A total of 969 resignations was received out of a possible 1,040.

"Such a remarkable response demonstrates that the medical profession is solidly behind its representatives in their dealing with the Health Service System and that the doctors insist and will continue to insist on fair treatment. For our part, we doctors will continue our policy of coöperating with the system."—San Francisco Examiner, May 17, 1941.

Emergency Medical Aid: Long Beach

Long Beach is going to provide emergency medical service for all persons within its borders who may be in need of that service. The situation that has left accident victims and patients in acute illness to struggle for life without a physician's aid, and in some cases to die without having had medical attention, soon will be terminated as a result of energetic action by city officials, who are receiving the coöperation of the medical profession.

Two plans of providing emergency medical service were offered yesterday, and either or both of them may be acceptable as makeshifts while the city works out the ultimate solution of the problem through establishment of a receiving hospital. It will take time to provide the hospital, and meanwhile human beings may die for lack of medical care unless the substitute service is instituted.

The Harbor Branch of the Los Angeles County Medical Association recommends an arrangement by the city with Seaside, St. Mary's and Community hospitals—the three existing local hospitals—to perform the service of a re-

ceiving hospital. Under this plan the city would pay the three hospitals for employment of doctors to ride ambulances answering emergency calls. The city also would pay the hospital for emergency treatment, such as is given at a public receiving hospital, and pay for the ambulance service.

The annual costs to the city in the plan submitted by the medical association are \$10,800 for six doctors, \$3,600 for the hospitals, and \$3,000 for ambulance service, or a total of \$17,400 a year. For that expenditure Long Beach would be assured of prompt medical aid for any of its residents or visitors who might be injured or stricken, no matter at what time of the day or night the emergency occurred. . . . —Long Beach Press-Telegram (Editorial), April 19, 1941.

On Doctor Bills

That sore throats can be mighty expensive is shown in the example of Wendell Wilkie, business man, whose doctor bill for throat treatments while on his tour of the nation ran to \$250 a day, or \$13,000 for the entire trip. Dr. Harold Barnard, who traveled with Wilkie on his tour, will be offered about one-third of the total fee as a settlement by the Republican national committee.—San Francisco Pacific News, April 24, 1941.

Hospital Makes Plans to Extend Care on Outside Old-Age Pensions Basis of Program for Elderly Patients at Imola

A program has been commenced at Napa State Hospital to extend extramural care by means of pensions to numerous elderly patients, it was learned today.

A survey is being made of such cases under supervision of Dr. I. E. Charlesworth, medical superintendent, and the social service department. Forms are being completed on eligible cases to provide them with the old-age pension.

In compiling statistics on the seven mental hospitals of California, it has been found that there are more than 4,000 patients over 65 years of age. At least 1,000 of these are said to be suitable for extramural care.

Under Way for a Year

For more than a year the Department of Institutions has had under way negotiations with the Department of Social Welfare and with several county welfare departments for financing family care for such patients by means of old-age assistance. The question was raised, however, whether such patients, while still under jurisdiction of the Department of Institutions, being on parole and under guardianship of the secretary of the department, would be legally entitled to old-age assistance.

In an opinion recently furnished by the Attorney General it was held that neither the parole status nor that of being under the guardianship of the secretary of the Department of Institutions would render the elderly patients ineligible for old-age assistance.

To Find Homes

The program now under way involves selection of patients for parole, effecting the legal procedures for the appointment of the secretary of the department as their guardian of estate, obtaining old-age assistance, finding and licensing homes for their care and arranging for their supervision by the social service personnel.—Napa Register, April 24, 1941.

Mendocino Needs Stressed by Doctor Rapaport

The News yesterday presented the last of a series of articles which has focused attention once again on conditions which exist in some of the State's institutions.

Reaction to the articles, written by a former patient at Mendocino State Hospital, is expected to bring careful consideration in legislative circles to budget requests for more operating funds and some additional building funds.

That there is such a need is corroborated by Dr. Walter Rapaport, medical superintendent at Mendocino, who admits that "there are many conditions at Mendocino that could be improved."

Letters received by readers of the articles indicated a division of opinion on the statements made by the writer, some saying the charges were mild, others that the author was exaggerating.

Examples Asked

Doctor Rapaport said today he welcomes constructive criticism and wants specific examples of mistreatment, as charged by the author of the articles. He said that if brutalities can be proved he wants to take action, and urged any patient, past or present, to inform him of names and dates concerning any such incidents.

He pointed out the hospital needs "new buildings, some as replacements and some for additional patients, and better

classification of patients." He added that "better work" could be done with "increased personnel and added facilities and equipment. Concerning these matters, I have made my requests to the proper authorities. . . ."

Discussing charges of beatings on the part of some employees of the hospital, Doctor Rapaport said that "by and large they are a group of conscientious, honest, faithful and competent employees."

Some Charges Denied

"Naturally," he continued, "they are of the same stock as the general population and occasionally we get an incompetent, inefficient, untrustworthy employee and as quickly as we find such cases we proceed to reform them or dismiss them."

Doctor Rapaport said he would welcome "any legitimate complaints or suggestions," but would ask that the complaints be "definite, clear and sufficient so as to enable me to proceed with them according to law."

The superintendent specifically denied some of the charges made by the author of the articles, and admitted other charges to be partially or completely factual.

Doctor Rapaport listed as a "gross misstatement" the author's statements regarding the cost of food. He said the cost per meal now is \$.0739 as compared with \$.0654 before he became head of the institution. (The author said that \$.0772 per day was spent for food for those not working and that \$.1182 per day was spent for food for workers.)

The doctor said there are nine doctors, all psychiatrists, on the staff—including himself. This means only eight are available for ward duty, since Doctor Rapaport is engaged in administrative work.

One Doctor to 300 Patients

The American Psychiatric Association formula requires one doctor to 150 patients, he said, and "we feel it should be at least one to 200." At Mendocino, the ratio is one to 300. A doctor makes the rounds of the wards every day, and thus "sees" patients every day. A personal interview is not made, however, unless something is wrong with the patient.

Turning to problem of attendants, Doctor Rapaport said the total number of employees is 535, of whom 250 are attendants. The American Psychiatric Association formula calls for one attendant to six patients.

Variants of shifts and vacations, however, change the situation and actually one attendant cares for many more than six patients. Doctor Rapaport said he would prefer the ratio—which at Mendocino is about one to eleven—to be about one to eight.

He said attendants are difficult to obtain now, because of the defense program, and added that this difficulty always exists, because of the hospital's distance from San Francisco.—San Francisco News, April 29, 1941.

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Tuberculosis Needs Listed

County Lacks Sufficient Beds and Facilities, Supervisors Notified

A resolution requesting the board of supervisors to devise a means of providing an adequate number of beds for the treatment of tuberculosis in Los Angeles County was adopted yesterday by representatives of the five tuberculosis associations in this area.

Board members and executives of the Los Angeles Tuberculosis and Health Association, the Los Angeles County Tuberculosis and Health Association, the Long Beach Tuberculosis Association, the Pasadena Tuberculosis Association and the South Pasadena Tuberculosis Association met in the Biltmore.

Death Average Told

There has been an average of 1,525 deaths a year from tuberculosis in Los Angeles County during the past three years, the resolution pointed out.

"The standards of the American Public Health Association which have been accepted by the National Tuberculosis Association place the minimum number of sanatorium or hospital beds for the tuberculous in any community at two beds for each annual death from tuberculosis," the resolution said. This standard sets the minimum number of beds for Los Angeles County at 3,050.

Have 2,600 Beds

There are about 2,600 beds available for tuberculosis patients in Olive View Sanatorium, the Olive View outside sanatoriums, the General Hospital and private institutions, but because of the difficulty of rendering adequate medical service in some institutions the facilities cannot in all cases

be classified as the full equivalent of hospital beds, the resolution pointed out. . . .

Isolation Necessary

"Spread of infection from the estimated 13,735 cases of active tuberculosis in Los Angeles County can be stopped only by adequate isolation of persons with active tuberculosis," the statement said.

"That our isolation facilities are inadequate is shown by the fact that approximately 20 per cent of persons of high school age in Los Angeles have been infected by the germs of tuberculosis, although comparatively few high school students have actual active disease at the present time. Approximately 30 per cent of college age youths are infected and in selected groups of adults the rate rises to 50 per cent. All of these people were infected by persons with the disease in a communicable stage."

Long Waiting List

The tuberculosis associations reported that they had been informed that there are more than 700 persons in the area waiting for sanatorium treatment. . . .

Average Costs Listed

"Approximately 75 per cent of the patients admitted in the far advanced stages are dead at the end of eight years, while only about 10 per cent of the early cases died within that time. The average cost of treatment of an early case at Olive View is \$1,086.06, while it costs \$1,626.36 for the far advanced case. Treatment is successful in 58 per cent of the early cases whereas only about 9 per cent of the far advanced cases become apparently arrested."—Los Angeles Times, May 20, 1941.

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Annual Meeting

Two-Fold T. B. Program Is Planned

A two-fold program of tuberculosis prevention and education in definite classes of people was launched by the San Mateo County Tuberculosis and Health Association today as the result of the annual meeting in San Mateo's Benjamin Franklin Hotel last night at which a corps of officers headed by Attorney Bradford M. Melvin was unanimously elected to carry on the coming year's work.

The 1941 program will include:

1. The announced policy of giving free x-rays to every U. S. Army selectee before his medical examination.
2. The education of employers of domestics and servants in homes where there are children, and owners of public food handling businesses to the need of having employees undergo health examinations including chest x-rays before being employed, in the case of the servants, and to having store employees obtain health certificates.

That gains have been made and can continue to be made in the fight against tuberculosis was emphasized by outgoing President F. J. McConville of San Mateo, who disclosed that prevalence of the disease had dropped to 57 deaths in 1940, with 187 cases being reported. In 1930 there were 86 deaths; in 1920, 106. . . .—Redwood City Tribune, May 8, 1941.

* * *

Shasta to Get New Health Chief

Redding (Valley News Service).—Climaxing a controversy of many months over conditions at Shasta County hospital, the board of county supervisors voted unanimously yesterday to hire a full-time public health officer and county physician. At present the health chief is hired on a part-time basis and carries on a private practice.

The board will meet Monday to consider appointment of a health officer under the new setup. . . .

Dr. Thomas D. Wyatt was appointed health officer six weeks ago when the hospital fight had one of its periodical flareups.—Sacramento Union, May 8, 1941.

* * *

Census: San Francisco Metropolitan Area Climbs to Eighth Place in the Nation's Population

Some 1,428,525 persons now live in the San Francisco metropolitan area as compared to 1,290,094 ten years ago, a gain of 138,431.

This was revealed yesterday by the U. S. Census Bureau in a survey released in Washington.

According to the Associated Press, the San Francisco area growth during the last decade has been such as to place her in eighth place where in the last census she stood ninth.

The survey showed that 62,958,703 persons, or 47.8 per cent of all residents in the continental United States, live in 140 metropolitan areas. This is 8,205,058 more than lived in such areas in 1930 and compares with the nation's total population increase of 8,894,229 in the ten-year period.

A metropolitan area, the study explains, is a city or group of cities and their environs which form a contiguous area in which the average population has a density of at least 150 per square mile.

Because of congestion within city limits, most of the larger cities grew faster in their metropolitan areas than within their municipal boundaries, the survey declared. Growth in the decade was shown for each of the major metropolitan areas, although city limit figures had indicated declines for such cities as Philadelphia, Cleveland, St. Louis and Boston.

Rankings of the first ten areas were about the same as ten years ago except that the Los Angeles district edges a little ahead of the Philadelphia area for third place, and the San Francisco area nudged St. Louis out of eighth place.

Metropolitan area population rankings, the survey showed, differed from the standings of the cities according to the population within city limits. Under the latter rating, the first ten were New York, Chicago, Philadelphia, Detroit, Los Angeles, Cleveland, Baltimore, St. Louis, Boston and Pittsburgh. San Francisco was twelfth, behind Washington, D. C., in the city limit league.

To illustrate its point, the survey cited the fact that New York's metropolitan area, largest in the world, contained 11,690,520 in 1940, whereas the city proper counted only 7,454,995.

Metropolitan area rankings of the first ten cities follow:

	1940	1930
1. New York	11,690,520	10,902,424
2. Chicago	4,499,126	4,364,755
3. Los Angeles	2,904,596	2,318,526
4. Philadelphia	2,898,644	2,847,148
5. Boston	2,350,514	2,307,897
6. Detroit	2,295,867	2,104,764
7. Pittsburgh	1,994,060	1,953,668
8. San Francisco	1,428,525	1,290,094
9. St. Louis	1,367,977	1,293,516
10. Cleveland	1,214,943	1,194,989

—San Francisco *Chronicle*, May 16, 1941.

A Tribute

As a tribute to President Ray Lyman Wilbur, who celebrates his sixty-sixth birthday this Sunday, his last as president of Stanford University, *The Daily* reprints the following quotation which appeared in the March, 1941, issue of the *Journal of the Association of American Medical Colleges*:

With the close of the present academic year (Jan. 1, 1942—Editor's note), Doctor Wilbur will retire from the presidency of Stanford University after twenty-five years of service. Doctor Wilbur is one of the outstanding personages in the whole field of education, humanitarianism, pedagogy. As a teacher, dean, and president he made a record which will always remain outstanding. He accomplished many things which improved whatever he set out to do. He left everything better than he found it when first contacted. He has held many positions of influence and trust, more than any other man of his time, and in each instance he has left his mark as a stimulus for emulation by his successors. The Association of American Medical Colleges is proud to number Doctor Wilbur as one of its ex-presidents after many years of service as a member of the Executive Council. His wisdom and experience contributed much to the success of the work done by the Association. Our best wishes for his success in whatever field he may engage after his retirement go with him. We say "au revoir" not "goodbye."—Stanford University *Daily*, April 11.

Decoration for J. C. Geiger, M. D.

J. C. Geiger, M. D., Director of Health of San Francisco, was recently granted by Generalissimo Chiang Kai-Shek of China—on the twenty-ninth anniversary of the National Revolution, October 10, 1940—the "White Cravat with Red and Blue Borders of the Illustrious Order of the Jade," with the following citation:

"For work of merit in public health in the Republic of China and among the Chinese population in San Francisco."

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LETTERS†

Concerning Malpractice Suits Based on Claims of Prenatal Injuries.

(COPY)

STATE OF CALIFORNIA

OFFICE OF LEGISLATIVE COUNSEL

Sacramento, California,

August 15, 1940.

H. T. Woodward, M. D.

675 Bow Avenue

Point Loma, California

Subject: Civil Code Section 29, re rights of unborn child.

Request: No. 6801.

Dear Doctor Woodward:

In our letter of March 18, 1940, we submitted to you, under the above request, two possible alternative methods of limiting the right of a minor to sue for prenatal injuries under the provisions of Section 29 of the Civil Code, as that section has been construed in the case of *Scott vs. McPheeters* (1939), 33 Cal. App. (2d) 629. One of these methods was an amendment to Section 29, incorporating in that section the common law rule which denies any right of action to the child for prenatal personal injuries, and the other was the addition of a new section to the Code of Civil Procedure to limit the period for bringing such actions to four years.

In your letter of April 2, 1940, you express approval of the idea of limiting the period for commencement of action to four years, but raise a question concerning the constitutionality of the proposed limitation, suggesting that it may be class legislation, and discriminatory in that the minor would be prohibited from bringing an action after four years, while C. C. P. 376 would still permit suit to be brought by the parent or guardian of the child on his behalf up to twenty-one years.

We have, therefore, reconsidered the problem, and believe that we have discovered a more effective way to accomplish the same result. Instead of adding a section to the Code of Civil Procedure to limit the time for commencing action, we think it would be better to incorporate the limitation in Civil Code 29 itself, by amending that section to read as follows:

29. A child conceived, but not yet born, is to be deemed an existing person, so far as may be necessary for its

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.